2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # M06000000736

1. Entity Name SS UNIVERSITY, LLC



Principal Place of Business

225 W. WASHINGTON ST. INDIANPOLIS. IN 46204

Mailing Address

225 W. WASHINGTON ST., P.O. BOX 7033 C/O CORPORATE PARALEGAL INDIANPOLIS, IN 46207-7033

FILED Apr 29, 2008 8:00 am Secretary of State

04-29-2008 90025 002 ***138.75

60031449



04232008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number NOT APPLICABLE Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE			
	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating) DATE	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			
9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGRM		
NAME	SIMON PROPERTY GROUP, L.P.		
STREET ADDRESS	225 W. WASHINGTON ST., P.O. BOX 7033		
CITY-ST-ZIP	INDIANAPOLIS, IN 462077033		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME ,			
STREET ADDRESS		DO NOT WRITE	
CITY-ST-ZIP		I DO NOT WKITE	
TITLE		IN THIS SPACE	
NAME		IN THIS STACE	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			ļ
CITY-ST-ZIP			
11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information			

indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBED, OR AUTHORIZED REPRESENTATIVE

APR 28 ZUU8

007-249-1874

Daytme Phone